

The Office of the Clerk
Carl B. Stokes U.S. Court House
801 West Superior Avenue
Cleveland, Ohio 44113



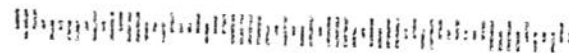
7015 1520 0002 0893 3107

POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

\$6.800
US POSTAGE
FIRST-CLASS
FROM 44113
FEB 22 2019
Cleveland, OH

1:18cv2475

RECEIVED
MAR 2 2019
U.S. COURT
OF OHIO
CLEVELAND



Ken Johnson
2948 Hampton Road
Cleveland OH 44120-2747

FILED

CLEAR U.S. POSTAGE
NORTH IN OHIO
CLEVELAND

-R-T-S-

441204205-1N

03/18/19


RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER



PLAINTIFF'S
EXHIBIT

2

tabbles

| CERTIFIED MAIL | | |
|--|--|---|
| <div> <div>SENDER: COMPLETE THIS SECTION</div> <div> <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> </div> <div> <p>1. Article Addressed to:</p> <p><i>Ken Johnson</i> <i>2948 Hampton Road</i> <i>Cleveland OH 44120-</i> <i>2747</i></p> </div> <div>  <p>9590 9402 4703 8323 9110 16</p> </div> <div> <p>2. Article Number (Transfer from service label)</p> <p>7015 1520 0002 0893 3107</p> </div> </div> | | <div> <div>COMPLETE THIS SECTION ON DELIVERY</div> <div> <p>A. Signature</p> <p>X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </div> <div> <p>B. Received by (Printed Name)</p> </div> <div> <p>C. Date of Delivery</p> </div> <div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> </div> <div> <p>3. Service Type</p> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> </div> |
| <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> | | |

1180V2675

Domestic Return Receipt

The Office of the Clerk
Carl B. Stokes U.S. Court House
801 West Superior Avenue
Cleveland, Ohio 44113



7015 1520 0002 0893 3114

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

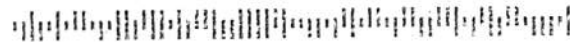
\$6.80
US POSTAGE
FIRST-CLASS
FROM 44113
FEB 22 2019
stamp

06250019095854

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND

MAR 25 2019

RECEIVED



Garnell Jamison
3246 E. 140th Street
Cleveland OH 44120-3233

1:18cv2475

Handwritten circled text: "LW" and "2-23-19".

-R-T-S- 441204205-1N 03/18/19


RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

FILED

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND

Handwritten initials "CJS".



| CERTIFIED MAIL® PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE | |
|---|---------------------|
| SENDER: COMPLETE THIS SECTION | |
| ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | |
| 1. Article Addressed to: <i>GARNELL JAMISON</i> <i>3246 E. 140th Street</i> <i>Cleveland, OH 44120-</i> <i>3233</i> | |
|  9590 9402 4703 8323 9109 89 | |
| 2. Article Number (Transfer from service label) 7015 1520 0002 0893 3114 | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | |
| COMPLETE THIS SECTION ON DELIVERY | |
| A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| B. Received by (Printed Name) | C. Date of Delivery |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> | |
| Domestic Return Receipt | |

1:18CV 2675